## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/520514

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                 |                                                                         |                                                  | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |            |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------|---------------------|------------------------|-------------------------------|------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | (Column 1)                                      | (Column 2)                                                              | ITE                                              | <u>تـــا</u>        | UK<br>1                | SMALL E                       | NTITY      |                        |
| U.S. NATIONAL STAGE FEES                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                 | 12                                                                      |                                                  | RATE                | FEE                    |                               | RATE       | FEE                    |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                 | SMALL ENT. = \$ 150                                                     | LARGE ENT. = \$ 300                              | BASIC FEE           |                        | OR                            | BASIC FEE  | 6B                     |
| EXAMINATION FEE                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                 | Satisfies PCT Article 33(1<br>(4) = \$50 / \$ 100                       | \$ 100 / \$ 200                                  | EXAM, FEE           |                        |                               | EXAM. FEE  | 200                    |
| SEARCH FEE                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                 | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500           | SEARCH FEE          |                        |                               | SEARCH FEE | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                 | minus 100 =                                                             | / 50 =                                           | X \$ 125 =          |                        |                               | X \$ 250 = |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                 |                                                                         | •                                                | X \$ 25 =           |                        | OR                            | X \$ 5,0 = |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                                 | minus 3 =                                                               |                                                  | X \$ 100 =          |                        | OR                            | X \$ 200 = |                        |
| MULTIPLE DEPENDENT CLAIM PRE                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                 | SENT N                                                                  |                                                  | + \$ 180 =          |                        | OR                            | + \$ 360 = |                        |
| • If                                                                                                                                                                                                                                                                                                                                                                                                        | the difference                                 | in column 1 is l                                | '0" in column 2                                                         | TOTAL                                            |                     | OR                     | TOTAL                         | 900        |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                 |                                                                         |                                                  | SMALL E             | NTITY                  | OTHER THAN OR SMALL ENTITY    |            |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       | NUI<br>PREV                                                             | HEST WBER PRESENT HOUSLY EXTRA D FOR             | RATE                | ADDI-<br>TIONAL<br>FEE | -                             | RATE       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                          | · 12                                            | Minus ** 🧷                                                              | to = 1                                           | X \$ 25 =           |                        | OR                            | X \$ 50 =  | į                      |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                    | • (                                             | Minus ***                                                               | 3 = [                                            | X \$ 100 =          |                        | OR                            | X \$ 200 = |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |                                                                         |                                                  | + \$ 180 =          |                        | OR                            | + \$ 360 = |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | TOTAL ADDIT.                                    |                                                                         | OR                                               | TOTAL ADDIT.<br>FEE |                        |                               |            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                 |                                                                         |                                                  |                     |                        |                               |            |                        |
| 2                                                                                                                                                                                                                                                                                                                                                                                                           |                                                | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | HIG<br>NUI<br>PREV                                                      | IMM 2) (Column 3) HEST HBER PRESENT HOUSLY EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                          | ٠                                               | Minus **                                                                | =                                                | X \$ 25 =           |                        | OR                            | X \$ 50 =  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                    | *                                               | Minus ***                                                               | •                                                | X \$ 100 =          |                        | OR                            | X \$ 200 = |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRES                                     | ENTATION OF M                                   | ULTIPLE DEPENDENT                                                       | CLAIM                                            | + \$ .180 =         |                        | OR                            | + \$ 360 = |                        |
| TOTAL ADDIT.  FEE  OR  TOTAL ADDIT.  FEE                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                 |                                                                         |                                                  |                     |                        |                               |            |                        |
| " If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                                 |                                                                         |                                                  |                     |                        |                               |            |                        |